

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28315

Entity Name: TRAVELERS PROPERTY CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**ONE TOWER SQUARE
HARTFORD, CT 06183**Current Mailing Address:**ONE TOWER SQUARE
HARTFORD, CT 06183 US**FEI Number: 06-1286274****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title D
Name FREY, DANIEL S
Address ONE TOWER SQUARE
City-State-Zip: HARTFORD CT 06183Title D
Name HEYMAN, WILLIAM H
Address 485 LEXINGTON AVENUE
City-State-Zip: NEW YORK NY 10017Title D
Name KALLA, CHRISTINE K
Address 385 WASHINGTON STREET
City-State-Zip: ST PAUL MN 55102Title T
Name MILLS, LARRY
Address 385 WASHINGTON STREET
City-State-Zip: ST PAUL MN 55102Title DP
Name SEMINARA, NICHOLAS
Address ONE TOWER SQUARE
City-State-Zip: HARTFORD CT 06183Title S
Name SKJERVEN, WENDY C
Address 385 WASHINGTON STREET
City-State-Zip: ST PAUL MN 55102Title DIRECTOR
Name TOCZYDLOWSKI, GREGORY C
Address ONE TOWER SQUARE
City-State-Zip: HARTFORD CT 06183

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WENDY C. SKJERVEN**CORPORATE
SECRETARY****02/11/2025**

Electronic Signature of Signing Officer/Director Detail

Date